

Certificate No: MC-2433

Patient Name	: Mrs.RAMALAKSHMI	Collected	: 27/Jan/2024 08:41AM
Age/Gender	: 28 Y 2 M 10 D/F	Received	: 27/Jan/2024 01:36PM
UHID/MR No	: CANN.0000232308	Reported	: 27/Jan/2024 04:16PM
Visit ID	: CANNOPV388908	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS5411		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:BED240019332

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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**APOLLO CLINICS NETWORK**  
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>					
<b>HAEMOGLOBIN</b>	12.6	Normal	g/dL	12-15	Spectrophotometer
PCV	38.20	Normal	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.69	Normal	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>81.3</b>	Low	fL	83-101	Calculated
MCH	<b>26.8</b>	Low	pg	27-32	Calculated
MCHC	33	Normal	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	High	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	Normal	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>					
NEUTROPHILS	57.7	Normal	%	40-80	Electrical Impedance
LYMPHOCYTES	31.9	Normal	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	Normal	%	1-6	Electrical Impedance
MONOCYTES	7.6	Normal	%	2-10	Electrical Impedance
BASOPHILS	0.4	Normal	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>					
NEUTROPHILS	3115.8	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1722.6	Normal	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	129.6	Normal	Cells/cu.mm	20-500	Calculated
MONOCYTES	410.4	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.6	Normal	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	<b>423000</b>	High	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>26</b>	High	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>		Normal			

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 17



**Dr THILAGA**  
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Certificate No: MC-2435

Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 08:41AM
Age/Gender : 28 Y 2 M 10 D/F	Received : 27/Jan/2024 01:36PM
UHID/MR No : CANN.0000232308	Reported : 27/Jan/2024 07:45PM
Visit ID : CANNOPV388908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5411	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>					
BLOOD GROUP TYPE	A				Microplate Hemagglutination
Rh TYPE	Positive				Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240019332

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Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 08:41AM
Age/Gender : 28 Y 2 M 10 D/F	Received : 27/Jan/2024 01:46PM
UHID/MR No : CANN.0000232308	Reported : 27/Jan/2024 02:41PM
Visit ID : CANNOPV/388908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5411	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	101	High	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. R. SRIVATSAN  
M.D.(Biochemistry)



SIN No:PLF02094988

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Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 12:32PM
Age/Gender : 28 Y 2 M 10 D/F	Received : 27/Jan/2024 04:53PM
UHID/MR No : CANN.0000232308	Reported : 27/Jan/2024 06:37PM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	88	Normal	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:PLP1412110

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>					
HBA1C, GLYCATED HEMOGLOBIN	6.1		%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128		mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



**Dr. MARQUESS RAJ**  
M.D, DipRCPATH, D.N.B(PATH)  
Consultant Pathologist

SIN No:EDT240008162

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Visit ID : CANNOPV388908	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>					
TOTAL CHOLESTEROL	183	Normal	mg/dL	<200	CHO-POD
TRIGLYCERIDES	169	High	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	Low	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	150	High	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.2	High	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.8	High	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.55	High		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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M.D.(Biochemistry)



SIN No:SE04610378

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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>					
BILIRUBIN, TOTAL	0.70	Normal	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	Normal	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	Normal	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	Normal	U/L	<35	IFCC
ALKALINE PHOSPHATASE	61.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	8.10	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.80</b>	High	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13	Normal		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

Page 9 of 17



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04610378

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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Patient Name : Mrs.RAMALAKSHMI  
Age/Gender : 28 Y 2 M 10 D/F  
UHID/MR No : CANN.0000232308  
Visit ID : CANNOPV388908  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobS5411

Collected : 27/Jan/2024 08:41AM  
Received : 27/Jan/2024 04:17PM  
Reported : 27/Jan/2024 08:56PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 08:41AM
Age/Gender : 28 Y 2 M 10 D/F	Received : 27/Jan/2024 04:17PM
UHID/MR No : CANN.0000232308	Reported : 27/Jan/2024 09:05PM
Visit ID : CANNOPV388908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5411	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>					
CREATININE	0.75	Normal	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>16.00</b>	Low	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.5</b>	Low	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	Normal	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	Normal	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.90	Normal	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	Normal	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	Normal	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	Normal	mmol/L	101–109	ISE (Indirect)

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Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 08:41AM
Age/Gender : 28 Y 2 M 10 D/F	Received : 27/Jan/2024 04:17PM
UHID/MR No : CANN.0000232308	Reported : 27/Jan/2024 08:37PM
Visit ID : CANNOPV388908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5411	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	12.00	Normal	U/L	<38	IFCC



**DR. R. SRIVATSAN**  
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Certificate No: MC-2433

Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 08:41AM
Age/Gender : 28 Y 2 M 10 D/F	Received : 27/Jan/2024 03:44PM
UHID/MR No : CANN.0000232308	Reported : 27/Jan/2024 06:24PM
Visit ID : CANNOPV388908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5411	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>					
TRI-IODOTHYRONINE (T3, TOTAL)	1.6	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.16	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.581	Normal	µIU/mL	0.34-5.60	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SPL24012650

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Certificate No: MC-2433

Patient Name	: Mrs.RAMALAKSHMI	Collected	: 27/Jan/2024 08:41AM
Age/Gender	: 28 Y 2 M 10 D/F	Received	: 27/Jan/2024 03:44PM
UHID/MR No	: CANN.0000232308	Reported	: 27/Jan/2024 06:24PM
Visit ID	: CANNOPV388908	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS5411		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Page 14 of 17



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: SPL24012650

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Certificate No: MC-2433

Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 08:41AM
Age/Gender : 28 Y 2 M 10 D/F	Received : 27/Jan/2024 05:03PM
UHID/MR No : CANN.0000232308	Reported : 27/Jan/2024 05:42PM
Visit ID : CANNOPV/388908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5411	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>					
<b>PHYSICAL EXAMINATION</b>					
COLOUR	PALE STRAW			PALE YELLOW	Visual
TRANSPARENCY	CLEAR			CLEAR	Visual
pH	7.0	Normal		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010	Normal		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>					
URINE PROTEIN	NEGATIVE			NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE			NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE			NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE			NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL			NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE			NEGATIVE	Peroxidase
NITRITE	NEGATIVE			NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE			NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>					
PUS CELLS	1-2	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3		/hpf	<10	MICROSCOPY
RBC	NIL		/hpf	0-2	MICROSCOPY
CASTS	ABSENT	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2268938

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Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 08:41AM
Age/Gender : 28 Y 2 M 10 D/F	Received : 27/Jan/2024 01:44PM
UHID/MR No : CANN.0000232308	Reported : 27/Jan/2024 02:33PM
Visit ID : CANNOPV388908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5411	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE			NEGATIVE	Dipstick

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE			NEGATIVE	Dipstick



**Dr THILAGA**  
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Consultant Pathologist

SIN No:UF010331

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Patient Name : Mrs.RAMALAKSHMI	Collected : 27/Jan/2024 08:41AM
Age/Gender : 28 Y 2 M 10 D/F	Received : 28/Jan/2024 12:34PM
UHID/MR No : CANN.0000232308	Reported : 29/Jan/2024 06:32PM
Visit ID : CANNOPV388908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5411	

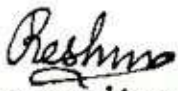
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	1603/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

\*\*\* End Of Report \*\*\*



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No:CS073471

This test has been performed at Apollo Health & Lifestyle Ltd. Global Reference Laboratory, Hyderabad

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:  
D No.30, F – Block, 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone : 044.26224504 / 05

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1860 500 7788  
www.apolloclinic.com

Patient Name : Mrs. RAMALAKSHMI Age : 28 Y/F  
UHID : CANN.0000232308 OP Visit No : CANNOPV388908  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 31-01-2024 12:45  
Referred By : SELF

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## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

Ao (ed)	2.7CM
LA (es)	3.5CM
LVID (ed)	4.5CM
LVID (es)	3.2CM
IVS (Ed)	0.8CM
LVPW (Ed)	0.9CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. RAMALAKSHMI	Age	: 28 Y/F
UHID	: CANN.0000232308	OP Visit No	: CANNOPV388908
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 31-01-2024 12:45
Referred By	: SELF		

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**DOPPLER STUDIES MITRAL INFLOW :**

E : 0.9m/sc A: 0.6m/sc

Velocity / Gradient Across Pulmonic Valve 0.9m/sc

Velocity / Gradient Across Aortic Valve : 1.0m/sc

**IMPRESSION :**

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS&VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.  
RAKESH P  
GOPAL

Patient Name : Mrs. RAMALAKSHMI  
UHID : CANN.0000232308  
Conducted By: : Dr. RAKESH P GOPAL  
Referred By : SELF

Age : 28 Y/F  
OP Visit No : CANNOPV388908  
Conducted Date : 31-01-2024 12:45

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Patient Name	: Mrs. RAMALAKSHMI	Age	: 28 Y/F
UHID	: CANN.0000232308	OP Visit No	: CANNOPV388908
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 28-01-2024 09:34
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 71 beats per minutes.

#### **Impression:**

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN

<b>Patient Name</b>	: Mrs. RAMALAKSHMI	<b>Age/Gender</b>	: 28 Y/F
<b>UHID/MR No.</b>	: CANN.0000232308	<b>OP Visit No</b>	: CANNOPV388908
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-01-2024 16:16
<b>LRN#</b>	: RAD2217720	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS5411		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 9.2cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.8 x 4.9cms.

Left kidney measures 11.6 x 6.0cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 7.3 x 4.4 x 5.7cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 9.7mm.

Right ovary measures 3.5 x 2.6 cms.

Left ovary measures 3.3 x 2.2cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is minimally distended.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED**



**Patient Name** : Mrs. RAMALAKSHMI

**Age/Gender** : 28 Y/F

---

**Dr. ASHIQ MOHAMMED JEFFREY**  
MD  
Radiology

**Patient Name** : Mrs. RAMALAKSHMI

**Age/Gender** : 28 Y/F

**UHID/MR No.** : CANN.0000232308

**OP Visit No** : CANNOPV388908

**Sample Collected on** :

**Reported on** : 27-01-2024 12:40

**LRN#** : RAD2217720

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS5411

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology